



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
- Weekday afternoons Weekend afternoons
- Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering.

- Administration
- Event Planning
- Event Staffing
- Fundraising
- Public Relations
- Newsletter Production
- Volunteer Coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Making a Difference – One Day, One Life at a Time.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that The Eric R. Beverly Family Foundation, Inc. (TERBFF, Inc.) conducts background checks on all program volunteers who have received a conditional offer. I hereby consent and authorize (TERBFF, Inc.) to conduct a background check on me which will include a criminal history check and a sex and violent offender registry check. Below, I have provided my full name, date of birth and social security number for this purpose. I understand and agree that if I choose not to provide this information, or otherwise refuse to consent and authorize this background check, any conditional offer will be withdrawn. I also understand and agree that TERBFF, Inc. reserves the right to withdraw a conditional offer if, in the judgment of the foundation, information developed in the course of the background check so warrants. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)		Date	
Date of Birth		Soc. Sec. #	
Signature			

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

01/08/2006 dpu

Making a Difference – One Day, One Life at a Time.

1475 Buford Drive Suite 403-127 Lawrenceville, GA 30043
Phone: 770.614.1779 Fax: 678.302.7116 Email: info@beverlyfamilyfoundation.org